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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/455,632 03/17/2003 *NAB*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE NAB*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/31/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 20	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>NAB</i>				

## ADDRESS

51414

## TITLE

Methods and compositions for the detection of microbial contaminants

<b>FILING FEE RECEIVED</b> 1262	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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